Opening Statement of the Honorable Joe Pitts
Subcommittee on Health
Hearing on "Examining H.R. 3299, Strengthening Public Health Emergency Response Act"
May 19, 2016

(As Prepared for Delivery)

Today's hearing will take a closer look at bipartisan legislation introduced by our Energy and Commerce Committee colleagues, Reps. Brooks and Eshoo, H.R. 3299. This bipartisan bill builds upon our previous work to modernize our biodefense systems, ensuring that we are well equipped to handle current and emerging biothreats.

The biothreat is not new. Pandemics have occurred throughout history. There have been four flu pandemics in the United States since 1918, each with different characteristics, such as the H1N1 Flu most recently in 2010. Even more worrisome is the threat of biological weapons or infectious diseases employed as weapons of terror, such as the use of salmonella in Oregon in 1984 by the Rajneeshee cult or the anthrax scare in 2001.

Science has made significant advancements in genomics, genetics, and biotechnology that hold tremendous promise for those afflicted by illness and disease. However, that same technology could theoretically be used to biologically engineer "superbugs" that are more virulent, more lethal and more difficult to treat than their naturally occurring counterparts. Imagine a weaponized and bioengineered version of the Ebola virus, or polio, or smallpox and the devastating effect that would have on an American city.

Since the terror attacks on September 11, 2001, Congress took steps to build our nation's health infrastructure and foster development of medical countermeasures (MCM) in the event of a future chemical, biological, radioactive, or nuclear (CBRN) attack.

In 2004, Congress enacted the Project Bioshield Act and later in 2006, enacted the Pandemic and All-Hazards Preparedness Act (PAHPA), which was authorized through 2011. In addition to establishing a strategic plan to direct research, development and procurement of MCMs, PAHPA also established the Biodefense Advanced Research and Development Authority (BARDA) within the Department of Health and Human Services. BARDA was charged with coordinating and accelerating the development of MCMs.

BARDA was created from the understanding that most MCMs needed by the nation did not yet exist and their development is a risky, expensive and lengthy process. There is little to no demand in the private market for vaccines and therapeutics that protect against bioterror agents.

BARDA bridges the funding gap between early-stage research and the ultimate procurement of products for the national stockpile under Project BioShield. By partnering with private industry using money from the Advanced Research and Development Fund, BARDA can reduce the development risk entailed in MCM research, thereby helping to mitigate the disincentives associated with countermeasure development, and ultimately improving our national readiness with regard to a CBRN attack.

The bill before us today reforms our nation's medical countermeasure acquisition process, incentivizes research to combat the next generation of deadly diseases, and increases accountability of preparedness spending.

Such improvements will go a long way toward helping our preparedness for future public health emergencies, such as Ebola, by creating new incentives for developing necessary medicines and vaccines and streamlining the contracting process for medical countermeasures. Incentives are necessary to attract private investment in product development. And so too must the contracting processes be efficient.

We must get this right. The stakes are too high and the cost of failure too dire. I look forward to our discussion today about how best to protect our country from biological threats.

###